

Greater Toronto Area Psychological Services

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Galalae, Kevin

PSYCHOLOGICAL FORENSIC RISK ASSESSMENT

Name: Galalae, Mugur (Kevin)
Date of Birth: November 23, 1965
Date(s) of Assessment: June 6, 14, 2011
Date of Report: June 14, 2011

REASON FOR REFERRAL:

Mr. Galalae was referred for a psychological risk assessment to determine the likelihood of violent offending in the future. It was of particular interest in this assessment to determine the likelihood and level of risk that would pertain to domestic violence. It was also determined that his emotional status and personality dynamics should be examined during the course of this assessment.

INTRODUCTION:

For the record, I am registered with the College of Psychologists of Ontario as a psychological associate. My registration number is 4222, and I have autonomous practice in the areas of forensic/correctional and clinical psychology. I have extensive experience in conducting forensic risk assessments for the National Parole Board and court systems. I have also been an individual and group therapist in federal medium security institutions for men. My experiences also include being an individual psychotherapist for male and female probationers in Southern Ontario. I have also worked as a researcher, psychometrist, and counselor with young offenders in closed and

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open custody settings as well as in probation offices. I also have experience in adult mental health clinics and in-patient psychiatry units conducting psychological assessments, individual and couples' therapy.

TESTS ADMINISTERED:

Wechsler Abbreviated Scale of Intelligence	(WASI)
Personality Assessment Inventory	(PAI)
Hare Psychopathy Checklist – II	(PCL-R)
HCR-20	(HCR-20)
Violence Risk Appraisal Guide	(VRAG)
Spousal Assault Risk Appraisal	(SARA)
Beck Depression Inventory	(BDI)
Burs Anxiety Inventory	(BAI)

HISTORY OF OFFENDING BEHAVIOUR:

According to self-report there is no young offender or adult criminal record for Mr. Galalae. He indicated that prior to his index offense, he has not demonstrated any inter-personal violence towards anyone, and he does not fully comprehend the reasons why he engaged in this type of behaviour at this particular time. The events of the index offense are outlined in the following paragraph. In terms of his current charges, he was facing a Domestic Harassment Charge x 1 and this matter has yet to be adjudicated.

In terms of the events that led to the index offense, they are lengthy, unique and not typical of a domestic abuser. In actual fact, there was a great deal of information provided by Mr. Galalae to suggest that there were circumstances that he clearly reacted

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to, and probably coped with an extreme situation with some positive coping mechanisms, and others that perhaps he did not see at the time as being inappropriate as they pertain to current day conventions in Canada.

Mr. Galalae's immediate dilemma began after he went to Europe for approximately 4-5 weeks where he summarily began a hunger strike for political reasons. He indicated that he partook in his hunger strike outside of the main buildings that house the European Court of Human Rights as well as the Council of Europe. Mr. Galalae reported that he went to Strasbourg, France to conduct his protest. He indicated that he has a case before this panel and that his protest was to encourage them to act upon the concerns that he had helped to bring before this body.

Mr. Galalae was adamant in stating how his discoveries while an on-line student at a British University contributed to the events that unfolded and related to his index offense. He stated that he discovered a programme that had been instituted by the Home Office of the British Government. Mr. Galalae made this discovery while enrolled in a political philosophy course, and he came in contact with the programme since his political views were not welcome according to his own self-evaluation. He indicated that as he appealed and counter-appealed his expulsion from the course, he stumbled onto a covert intelligence program whereby agents had been embedded in various universities in the United Kingdom with a specific focus on Politics Departments. Mr. Galalae stated that his research determined that government agents were doing this so that they could avert the radicalization of young people.

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According to his own self-report, Mr. Galalae wrote extensively on the programme that he had discovered and the threat it posed to democracy, civil rights, freedom of speech and academic freedom. He claims that he was harassed through his e-mail account, by the British government, and that his current arrest may be politically motivated. Mr. Galalae indicated that he has brought a legal action against the British Government to the European Court of Human Rights and hence the reason why he staged his hunger strike in front of this body.

Mr. Galalae discussed some other features of the case and some of the perspectives that he had that remain unpopular with powerful political figures, and he eventually went to the reasons why he ended up at his in-laws home and received the charge of domestic harassment. Mr. Galalae claimed that he spoke to his son and discovered that his son was missing him tremendously and that he felt that he had to get home to reassure him that his father was still there for him. As a result, Mr. Galalae terminated his hunger strike and made travel arrangements to return home to Kingston, Ontario.

Mr. Galalae indicated once he arrived at his home in Kingston, he discovered that he could not find anyone there in form of his wife and children. Mr. Galalae surmised that his wife and children must have gone to his in-laws home, so he drove his vehicle out to the home of his in-laws. He stated that he encountered a stranger in the driveway who told Mr. Galalae that this was private property and he was not welcome here. Mr. Galalae then explained that he was there to see his wife and children. He was again told that he was not welcome there and to leave the premises, which he did as he returned to the end of the driveway onto public property.

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Mr. Galalae felt that his children had been abducted, so he called 911, (Emergency Services) for police assistance. He reported that it took over an hour for officers to arrive at the scene where he was told that there was nothing that they could do. Mr. Galalae was also told that he would have to wait until after the weekend to resolve the matter in court before he would be able to see his children.

Mr. Galalae stated that due to his wife`s claims and statements made to the authorities regarding his mental health there was further action taken by place against him according to his self-report. Mr. Galalae indicated that due to the fact that his wife stated that he had some mental health issues, which were proven by his hunger strike, he further encountered a response from the authorities. As an aside, Mr. Galalae stated that his wife`s charges may now compromise his legal case with the European Court of Human Rights. He reported that his wife had been very irrational for quite some time before this incident, and he feels that this was part of the reason why she made her vexatious claims.

Mr. Galalae reported that next day he went to the police to ask for help retrieving his children but no one wanted to talk to him. He then went to the in-laws` house to ask that he be allowed five minutes with the children but he was refused access. He then called the police once again and was told that the police cannot help.

On the third day he went to the house again and again he was refused access to his children. Shortly after, while attempting to go the movies, he was called by the police who indicated that they want to talk to him. Mr. Galale asked them if this ``interview`` could wait until after the movie and they advised him that it could not. He obtained a refund and waited for the police to arrive. He claimed that he was put in the back of a police cruiser and he was grilled with questions about the European Court of Human

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Rights and how it worked for about an hour. The office then asked him to undergo a psychological assessment at the hospital and took him to Hotel Dieu Hospital where he was observed by psychiatrists for 72 hours.

Two hours prior to his release from hospital, the police charged Mr. Galalae with domestic harassment in the psychiatry ward and took him to the police station. Mr. Galalae was kept in custody for one week before being released on bail.

PERSONAL BACKGROUND

The information that was provided to complete this section of the assessment was supplied by Mr. Galalae's self-report. Mr. Galalae stated that he was born and raised in Communist Romania. He indicated that his father was a physician and his mother was a teacher. Mr. Galalae reported that he and his family immigrated to Germany when he was 14 years old. Mr. Galalae stated that he has a twin sister who now lives in Florida, and he has an older brother who is an oncologist in Germany. He noted that during his developmental years his father had been a political prisoner of the communist government in Romania for 5.5 years. He stated that his father is now deceased.

Mr. Galalae stated that he decided to come to Canada when he was 18 years old due to his fascination with the north and wide open spaces. He indicated that he obtained his Bachelor of Arts in Art and Architectural History from the University of Victoria and he has most of his course requirements completed for his Master of Arts degree in Architectural History but he was unable to complete this degree due to the funding of the program being cut.

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Mr. Galalae stated that he was an art dealer for 8 years as he was importing and exporting master`s art. He indicated that more recently and for the past 8 years he has been working as a writer for some Asian based companies. Mr. Galalae noted that his employer has been very understanding during this time, and he continues to produce written material in various forms for them.

Mr. Galalae reported that his common-law relationship with his wife began in 2003. He indicated that they were married in 2007 in the Bahamas. Mr. Galalae stated that they have two young sons from their union aged 6 years and 1 year respectively. He also discussed material that related to his wife`s struggles with post-partum depression that date back to the birth of their first son. Mr. Galalae was clear in pointing out that his wife had some further difficulties after the birth of their youngest son. He noted that she has been quite irrational, abusive and emotionally unstable and he supplied a number of documents to demonstrate her vexatious and toxic communications about him to various members of their support network.

FORENSIC INTERVIEW:

Mr. Galalae was interviewed at the writer`s office at the appointed time, and he was briefed as to the purpose of this assessment and the proceedings that were going to take place during the course of this assessment. He was provided with the necessary information to generate informed consent and he also recorded his consent on the appropriate form provided by the writer. He was appropriately dressed and well-kept, and he spoke clearly and confidently. Mr. Galalae seemed to have a great deal of insight into him and into his own psychological functioning. He clearly did not present as

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having any violence issues or mental health issues. Mr. Galalae was calm, rational and he was able to demonstrate reasonable logical thought, without any suggestion of paranoid or psychotic content.

Mr. Galalae did not present with any formal thought disorder, nor did he complain of any attention or concentration problems. Mr. Galalae did not have any illogical or bizarre thought content. He also did not admit to any secondary symptomatology. Mr. Galalae also denied any significant symptoms of depression and anxiety. There was no evidence to suggest that he was experiencing any manic or hypomanic episodes. Mr. Galalae also did not admit to any obsessive thinking, but there was no evidence of compulsive behaviours. There was also no evidence of dissociative disorders, or depersonalization experiences.

Overall, in terms of my impressions derived from the forensic interview, it would appear that Mr. Galalae is not suffering from any form of mental illness. He does appear to be the kind of individual who is somewhat over-zealous in terms of his pursuits and also in terms of some interpretations that involve more emotionally charged situations. In essence, this would be the extent of my concerns with Mr. Galalae. In my opinion, he seems to be slightly misattributing and misinterpreting his actions as care and concern for his sons to justify his actions of harassment, if indeed this actually took place.

It should be noted that his concern is real and he is well-connected to his sons emotionally. He may have a tendency to over-step boundaries when he has a cause or a purpose in mind. It is likely that his emotions about things he cares about may tend to allow him to get carried away at times, though his political cause appears to be better proportioned than his pursuit of contact with his sons. However, I do not feel that even at

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his weakest moment or insistent moment, that Mr. Galalae would be a risk to anyone. He does not appear to condone or support violence, and his clinical presentation and demeanour would support this particular notion.

RESULTS OF PSYCHOLOGICAL TESTING:

Wechsler Abbreviated Intelligence Scale

Results of the Wechsler Abbreviated Intelligence Scale (WASI) shows that Mr. Galalae scored in the High Average Range on Full Scale IQ-2 (WASI FSIQ=110). This result places him at the (75th Percentile). This score indicates that Mr. Galalae performed better than 75 % of the population of similar age. This result suggests that Mr. Galalae would have acceptable reasoning abilities and he would be able to utilize his cognitive functions to make appropriate decisions. The WASI is a very accurate, reliable and valid brief measure of the client's cognitive abilities on both verbal and perceptual organizational dimensions.

Personality Assessment Inventory

The Personality Assessment Inventory (PAI) is a self-administered objective inventory that consists of 344 items, which constitute 22 non-overlapping full scales. There are 4 validity scales to ensure internal consistency to the clients' reporting, 11 clinical scales, 5 treatment scales and 2 interpersonal scales. The PAI is answered in a False, Slightly True, Mostly True, and Very True format in terms of how the respondent approaches each item. Based on the results of this inventory, Mr. Galalae appears to have produced a

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valid profile albeit with some specific caveats. His scores suggest that he/she did attend appropriately to item content and responded in a consistent fashion to similar items.

The degree to which response styles may have affected or distorted the report of symptomatology on the inventory is also assessed. Certain of these indicators fall outside of the normal range, suggesting that Mr. Galalae may not have answered in a completely forthright manner; the nature of his responses might lead the evaluator to form a somewhat inaccurate impression of the client based upon the style of responding described below.

With respect to positive impression management, Mr. Galalae's pattern of responses suggests that he tends to portray himself/herself as being relatively free of common shortcomings to which most individuals will admit, and he appears somewhat reluctant to recognize minor faults in himself. Given this apparent tendency to repress undesirable characteristics, the interpretive hypotheses in this report should be reviewed with caution. Although there is no evidence to suggest an effort to intentionally distort the profile, the results may underrepresent the extent and degree of any significant findings in certain areas due to the client's tendency to avoid negative or unpleasant aspects of him.

Despite the level of defensiveness noted above, there are some areas where Mr. Galalae described problems of greater intensity than is typical of defensive respondents. These areas could indicate problems that merit further inquiry. These areas include: stress in the environment; low frustration tolerance; and inflated self-esteem.

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With respect to negative impression management, there is no evidence to suggest that the respondent was motivated to portray himself/herself in a more negative or pathological light than the clinical picture would warrant.

The PAI clinical profile reveals no elevations that should be considered to indicate the presence of clinical psychopathology, although the respondent indicates a certain amount of turmoil in important life areas. Some denial or defensiveness may be responsible for the generally trouble-free picture that he is reporting, as he/she seems to be reluctant to admit to personal dysfunction or problems across many areas. The PAI clinical profile is entirely within normal limits. There are no indications of significant psychopathology in the areas that are tapped by the individual clinical scales.

According to the Mr. Galalae's self-report, he/she describes NO significant problems in the following areas: unusual thoughts or peculiar experiences; antisocial behavior; problems with empathy; undue suspiciousness or hostility; extreme moodiness and impulsivity; unhappiness and depression; unusually elevated mood or heightened activity; marked anxiety; problematic behaviors used to manage anxiety; difficulties with health or physical functioning. Also, he/she reports NO significant problems with alcohol or drug abuse or dependence.

The self-concept of Mr. Galalae appears to involve a generally stable and positive self-evaluation. The client is normally a confident and optimistic person who approaches life with a clear sense of purpose and distinct convictions. These characteristics are valuable in that they allow him to be resilient and adaptive in the face of most stressors. The client describes being reasonably self-satisfied, with a well-articulated sense of who he is and what his goals are.

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Mr. Galalae's interpersonal style seems best characterized as friendly and extraverted. He will usually present a cheerful and positive picture in the presence of others. Mr. Galalae is able to communicate his/her interest in others in an open and straightforward manner. Mr. Galalae usually prefers activities that bring the client into contact with others, rather than solitary pursuits, and he is probably quick to offer help to those in need of it. He sees himself as a person with many friends and as one who is comfortable in most social situations.

In considering the social environment of the respondent with respect to perceived stressors and the availability of social supports with which to deal with these stressors, his responses indicate that he is likely to be experiencing notable stress and turmoil in a number of major life areas. A review of his current employment situation, financial status, and perhaps family and/or close relationships will clarify the importance of these in the overall clinical picture. Fortunately, he reports that he has a number of supportive relationships that appears to have served as an effective buffer against the effects of this stress. The relatively intact and committed social support system is a favorable prognostic sign for future adjustment.

In terms of slightly elevated scales that did not reach clinical significance and may suggest some personality traits as opposed to clinical syndromes, Mr. Galalae had some minor elevations on two sub-scales that constitute the mania clinical scale of this personality inventory. He had the two elevations on the grandiosity and irritability scales that approached clinical significance. It is possible that Mr. Galalae may tend to have an inflated sense of him and he may have little patience for individuals who do not understand or support his goals. Mr. Galalae may also have some irritability at times in terms of his interpersonal functioning and close relationships as they pertain to his goals

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and viewpoints at times. He may also have a slight tendency to see himself as being persecuted and the target of outside forces. However, it should be kept in mind that these were not pronounced elevations, and do not exclude the possibility that he has some reason to feel this way at this time.

Hare Psychopathy Checklist

The Hare Psychopathy Checklist – II (PCL-R) is a 20-item scale for the assessment of psychopathy in clinical and forensic settings. The PCL-R utilizes a semi-structured interview, file, and collateral information to measure inferred personality traits and behaviours related to a widely understood, traditional conception of psychopathy. The PCL-R yields dimensional scores, but also may be used to classify or diagnose individuals for research, clinical and forensic purposes. It is scored using an ordinal scale that anchors numerical values (i.e., 0, 1, and 2) to specific descriptive phrases that best characterize the offender.

Based on the results produced by Mr. Galalae it would appear that there is no psychopathy presents in his overall functioning. His PCL-R T-score of 27 (Raw Score = 4), demonstrates that he is in the normal range for a male test-taker. There were also no elevations on the Factors present (Interpersonal/Affective realm, and the Social Deviance factor). There were no elevations detected on any of the four facets that Mr. Galalae's responses were scored on during the course of this assessment. Overall however, it would appear that he is not psychopathic and does maintain a social conscience well within acceptable limits.

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Beck Depression Inventory

The Beck Depression Inventory (BDI) is a 21 item self-report that indicates the respondent's current mood states on a number of symptomatic dimensions. The scale is scored on a "0" (Absent) to "3" (Severe) level on each particular item. Therefore a total score of 63 would indicate a maximum level of severe depression.

Based on his responses, Mr. Galalae scored at the Not Depressed level of depression on this measure. He scored in the "Not Depressed" range on this particular measure, so therefore depression is not a significant issue for him at the present time.

Burns Anxiety Inventory

The Burns Anxiety Inventory (BAI) is a self-report scale that measures 33 symptoms of anxiety that fall into the categories of anxious feelings, anxious thoughts, and somatic manifestations of anxiety. The BAI has been correlated with other measures of anxiety and has demonstrated good validity and reliability. Respondents check each symptom on a one to four scale (not at all/ somewhat/ moderately/ a lot) according to how much the item content has bothered them over the previous few days.

Based on his responses with regards to anxious feelings, thoughts and physical symptoms of anxiety it would appear that overall, Mr. Galalae experiences a level of anxiety that is at the Mild level of anxiety that a typical individual experiences. He demonstrated a mild-moderate level of anxious feelings, and also a minimal level of anxious thoughts, and his physical symptoms of anxiety were also at the minimal level of intensity.

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Risk Assessment:

Spousal Assault Risk Appraisal (SARA)

Mr. Galalae was given the SARA, which is a 20 item measure that is used in various correctional settings and criminal justice situations to help determine the current level of risk for future domestic violence towards an intimate partner. The SARA is a reliable and valid clinical measure of the risk of domestic violence that is based on actuarial risk prediction. The items of the SARA include past domestic offending behaviour, past violent offending behaviour, past non-violent offending behaviour, substance abuse, employment problems, and various other researched items that pertain to risk level for domestic violence.

Based on the results of the SARA, Mr. Galalae was determined to be a LOW risk to engage in spousal assault towards an intimate partner. He only scored positively on one item that being recent relationship problems.

HCR-20

Mr. Galalae was also given the HCR-20 to determine the likelihood of interpersonal violence in the future. The HCR-20 is an actuarial measure that considers past historical features of the examinee's behaviour, also their current clinical status, and risk management items that will pertain to them in the future. The HCR-20 is a highly reliable and valid predictor of the likelihood of future interpersonal violence and assault offending behaviour in the future. This measure has 20 items that are scored from "0" (Absent), "1" (Possibly exists), and "2" (Present) for the examinee.

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Based on the factors present and the score that this generated on this actuarial measure of risk it would appear that Mr. Galalae is a LOW risk to act out in a violent nature. He scored at the Maximal level “2” on only one item that being the relationship problems item. He scored at the Moderate level “1” on factors such as impulsivity and stress.

Violence Risk Appraisal Guide

The Violence Risk Appraisal Guide (VRAG) is a 12-item actuarial measure that predicts future violent recidivism. The VRAG is a rigorously researched, reliable and valid measure of the likelihood that an offender will demonstrate violent behaviour in the future. The VRAG is based on stanine categories that allow for the clinician to quantify the offender’s behaviour, and to determine the likelihood of whether or not that offender will be violent over a period of time.

Based on the results of the VRAG, it would appear that Mr. Galalae is a LOW risk of violent offending. His raw score of “-18” places him at the (7th Percentile) amongst the violent offending population. This result demonstrates that he falls in Category 2 in terms of the possibility of becoming violent in the future. . A Category 2 individual has an 8% chance of demonstrating recidivism within the next 7 years, and a 10% chance of demonstrating recidivism within the next 10 years.

Mr. Galalae’s overall risk level has been determined to be LOW based on the average of scores on the two risk measures. The fact that the HCR-20 is LOW, and the VRAG is LOW would suggest that there is congruency and cross-validation of the risk measures. As a result, it can be stated quite confidently that Mr. Galalae is a LOW to

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demonstrate recidivism with regards to interpersonal situations that involve criminal harassment and other more violent offenses, which he has never demonstrated.

Mr. Galalae's LOW rating on the SARA, would also support the hypothesis that he is a LOW risk to offend interpersonally or violently towards an intimate partner, and there does seem to be consistency in all of these risk measures to suggest that he does not pose a significant or serious threat to his partner or former partner in the future.

SUMMARY AND RECOMMENDATIONS:

Mr. Galalae is a 45 year old man of High Average intelligence as determined on the WASI, therefore his cognitive abilities appear to be intact and he is able to demonstrate reasonable decision-making skills. His personality dynamics are represented by no clinical elevations that were demonstrated. In essence, he would appear to be functioning quite well psychologically and there may be little in the way of psychopathology explanations that would account for his insistent behaviour. Mr. Galalae did appear to make some attributional errors when it came to the etiology of his harassing type behaviour in that he justified his actions by stating how much he wanted to see his sons, which may be the case, but it clearly did not fit with the explanation of what occurred, and also his role in this particular action.

Mr. Galalae did not present as having any psychological disorder, he did not demonstrate any formal thought disorder and there was no secondary symptomatology. He also did not present with any significant manic symptoms, though he may be prone to some grandiosity and irritability as determined the sub-scales of the PAI. Mr. Galalae does not

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appear to reach threshold for Post-Traumatic Stress Disorder, nor does there appear to be any residual symptoms present in his psychological functioning. In essence, trauma also does not appear to be a causal factor in his past behaviour.

Overall, Mr. Galalae is a LOW- risk to re-offend violently in the future. This risk level was determined based on the scores he obtained on the two violence risk measures as LOW (HCR-20), and LOW (VRAG). This risk level determination would also appear to be appropriate based on Mr. Galalae's clinical presentation. He also has demonstrated a LOW rating for any future domestic violence offending with past, current or future intimate partners. In essence, Mr. Galalae seems to be psychologically sound, and he poses a minimal risk for interpersonal violence in the future.

Mr. Galalae may have a tendency to over-step some boundaries at times, for what he perceives to be a goal or purpose that in his estimation is vital. He may also see himself as needing to be personally involved in such goals to ensure the proper result or expression of his desires as it pertains to those goals. However, he does not appear to be pathological in this particular approach, and he should be encouraged to allow the course that has been set to follow itself through without his guidance.

DSM-IV (TR) Diagnosis:

Upon examination of all clinical data that has been obtained in this psychological risk assessment, it has been determined that Mr. Galalae can be given the following diagnosis:

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AXIS I: Adjustment Disorder mixed with anxiety (309.2)

AXIS II: Nil

AXIS III: Nil

AXIS IV: Criminal Charges

AXIS V: (GAF) 60-65

RECOMMENDATIONS:

It is highly recommended that Mr. Galalae attend for individual psychotherapy to help him cope with the adjustments that are likely to follow in the aftermath of his adjudicated criminal case. He has demonstrated in this assessment that he would likely be able to make the necessary psychological adjustments on his own, but the guidance of a professional may make the adjustment to his new reality much smoother and would assist him in maintaining his emotional equilibrium to a greater degree.

Mr. Galalae may also benefit from developing strategies in dealing with an estranged wife as it pertains to child access and custody issues. He may benefit from guidance that assists him in handling the significant changes that are likely to occur in his family situation. Mr. Galalae is well-equipped to handle such changes, however again

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the same notion of a professional assisting him in this transition may make things smoother for him so that he can adapt more readily.

Respectfully submitted,

Bruce Cook, M.A., C. Psych. Assoc.Reg. #: 4222

*NOTE: This assessment reflects the client's current psychological state, which may or may remain consistent over time. The usual life expectancy of an assessment is 2 years.

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GLOSSARY OF TERMS

Primary symptoms: The presence of a thought disorder whereby the individual exhibits symptoms of psychosis that involve circumstantial and/or tangential thinking.

Orientation to person, place and time, as well as concentration and memory problems are also considered to be primary symptoms.

Secondary symptoms: The second necessary feature for a psychotic disorder, whereby the person experiences visual, auditory, gustatory, olfactory or tactile hallucinations.

Gustatory symptoms: A hallucination that involves strange tastes not accounted by actual stimuli.

Olfactory symptoms: A hallucination that involves strange smells and odours not accounted by actual stimuli.

Tactile symptoms: A hallucination that involves strange sensations on the skin and body not accounted by actual stimuli.

DSM-IV (TR) Diagnosis: A formal multi-axial diagnosis involving the presence of a mental disorder for an assessed client. Diagnosis considers biological factors, personality disorders, physiological status, psychosocial stressors and the overall global functioning of the client.

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Schizophrenia: A mental illness whereby the individual suffers from both primary and secondary symptoms. Symptoms must persist for a period of 6 months for a formal diagnosis to be communicated to the client.

Major Depression: A mental illness whereby the individual experiences sad and despondent feelings, usually accompanied with a loss of appetite and disturbance of sleep pattern. Loss of pleasurable feelings related to activities that the individual usually finds pleasurable. Symptoms must persist for two weeks for formal diagnosis.

Bipolar I Disorder: A mental illness whereby the individual experiences at least one major depressive episode and also cycles into a manic or mixed episode, constituted by elated or elevated mood and irrational behaviours.

Bipolar II Disorder: A mental illness whereby the individual experiences at least one major depressive episode and also cycles into and out of an hypomanic episode, characterized by an elevated mood states, but less than a full blown manic episode.

Anti-social Personality Disorder: An Axis II diagnosis of a personality disorder, whereby the individual is predisposed to anti-social behaviour. People with ASPD are usually non-conformist, break laws and social conventions without regard to consequence or damage to property or other people.

Polysubstance Abuse: The excessive use of multiple illicit substances including alcohol, which contribute to the detriment of the person in terms of physical, social and emotional functioning.

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Posttraumatic Stress Disorder: A mental illness diagnosis that describes an individual who has experienced or witnessed a life threatening event. Symptoms include visual flashbacks of the event, nightmares, anxious avoidance of similar stimuli, hypervigilance, irritability, depression and possible substance abuse manifestations.

Carlson Psychological Survey: A psychological test which helps to classify the type of offender based on personality characteristics and offending pattern. Offender typologies are generated so that future behaviour can be predicted and intervention programs can be recommended.

HCR-20: An actuarial checklist that measures the offender's likelihood to be physically violent in future. The checklist examines historical (static) factors, current (dynamic) factors and risk management factors to aid in the determination of the level of risk the offender poses to be violent in the future.

Hare Psychopathy Checklist: An actuarial checklist that examines the offender's personality features, interactional patterns, past history of anti-social behaviours to determine the presence, absence and level of psychopathy present in an individual. The checklist measures the presence or absence of a normal social conscience.

Level of Supervision (Revised): This measure allows the clinician to make recommendations as to the required level of supervision and conditions that a given offender may require given his/her potential to re-offend. Based on item responses the offender can be classified into probabilistic categories that are attached to rationales for certain levels of supervision and conditions.

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Paulhus Deception Scales: This measure allows the clinician to determine the likelihood of the offender being deceptive and not forthcoming with their responses on objective psychological measures. A positive result on this scale may lead to cautious interpretation of the other psychological measures used during the assessment.

Personality Assessment Inventory: This objective personality test allows the clinician to determine the presence or absence of any clinical syndromes, personality disorders or interpersonal features critical in the overall functioning of the offender. This inventory assists in the application or non-application of a DSM-IV (TR) diagnosis in terms of Axis I and Axis II criteria.

Sex Offender Risk Appraisal Guide (SORAG): This 14-item actuarial measure predicts the likelihood of violent sexual recidivism for the individual who has demonstrated past sexually violent behaviour.

Spousal Assault Risk Assessment: This checklist assists the clinician in determining the level of risk that the offender poses to intimate partners. The checklist considers past history of assaults and violence as well as current psychosocial stressors. The offender's total score on this measure leads the determination of the level of risk posed for future spousal assaults.

SVR-20: This actuarial checklist helps to determine the level of risk an offender poses to be sexually violent in the future. The checklist examines both past (static) and current (dynamic) factors in denoting the likelihood of sexual violence recidivism.

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Symptom Checklist-90-Revised: This checklist assists the clinician in determining the presence of mental health symptoms and the type of symptoms that may be experienced by the client.

Traumatic Symptom Inventory: This psychological measure aids the clinician in determining the presence or absence of Posttraumatic stress disorder symptoms, and also the type of symptoms being experienced by an individual in the past and also at the time of testing.

Violence Risk Appraisal Guide (SORAG): This 12-item actuarial measure is designed to predict which offenders will commit at least one violent re-offense in the future.

Wechsler Abbreviated Scale of Intelligence: This psychological test measures that cognitive ability of the individual being tested. This test is a short-form test of the larger Wechsler Adult Intelligence Scale III. The WASI utilized four sub-tests that measure both the perceptual organization skills (non-verbal) problem-solving and the individual's verbal skills. Overall deviation IQ score assists in determining the level of cognitive functioning for the individual assessed.

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